

Name  
in  
Full

Levouch J. Ballard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month Oct.	Day 2	Years 1902
Sex	Color or Race	Birth- place	Days 2nd
Married, Single or Widowed	Occupation		
Name of Wife or Husband	John Ballard		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

A. W. Dixon  
Marion and  
Warder Taylor

Accident or Suicide?



Name  
in  
Full

Lillie May Cane

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1902	Oct.	9	Age	2	19	
Sex	Female	Color or Race	Black	Birth-place	Maryland	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	Levi Cane		Father's Birthplace	Somerset Co., Md.		
Mother's Maiden Name	Henrietta Young		Mother's Birthplace	Somerset Co., Md.		
Name of person giving Information	Levi Cane		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *No physician in attendance has been sick since birth. Mother died with Pulmonary Tuberculosis Oct. 1st last.* How long?

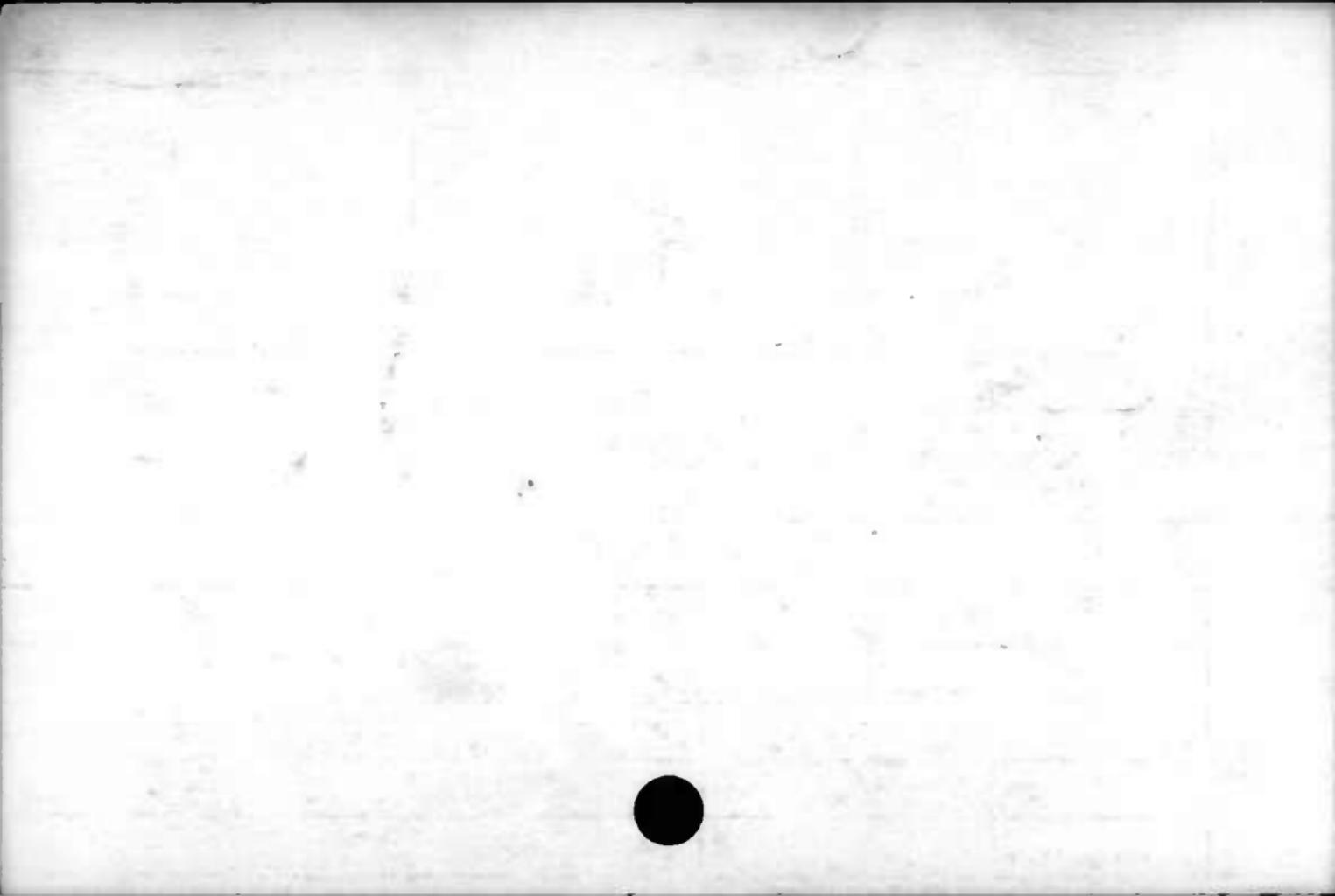
Immediate *Tuberculosis Oct. 1st last.* How long?

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *O.B.B. Evans M.D.*

Address *Marion Station Md.*

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Cornish				CERTIFICATE OF DEATH			
Died at	Town	County			MARYLAND		
Date of death 1907	Month Oct.	Day 14	Age —	Years —	Months —	Days 7	
Sex Male	Color or Race Black	Occupation					
Married, Single or Widowed	—	—					
Name of Wife or Husband	—	—					
Father's Name	Geo Cornish	Father's Birthplace			Md.		
Mother's Maiden Name	Bess Cornish	Mother's Birthplace			Md.		
Name of person giving Information	151	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Death from* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

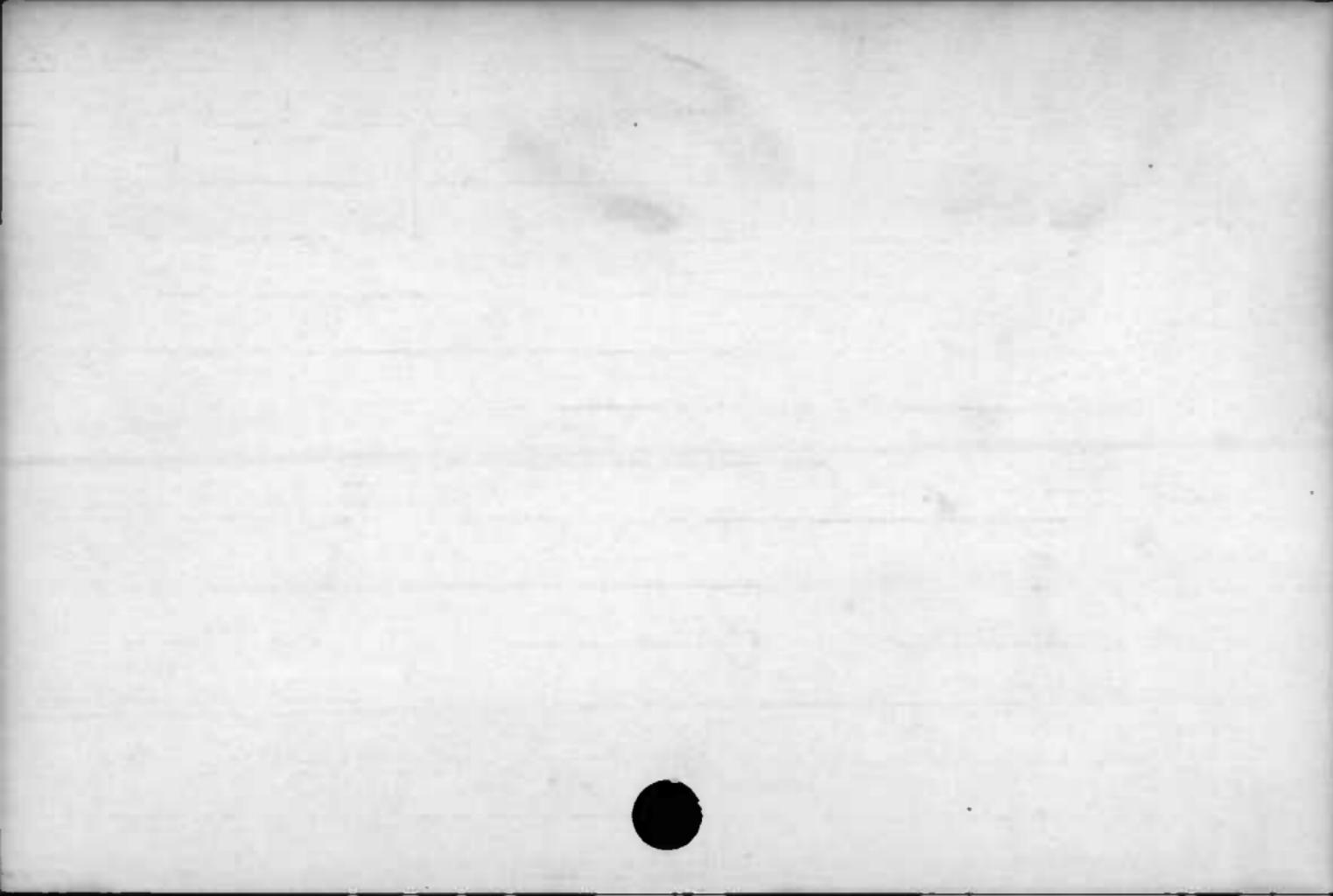
Address

*Dr G Paul Jones*

*P. Cornish, Md.*

*as G.J.*

Accident or Suicide?



Mary 25 Crowswell  
 Town Crisle County Somerset MARYLAND

Died at

Date 19

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age 64  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Severn Crowswell Sr

Father's Name

Wm Muir

Mother's Maiden Name

Mary Muir

How long sick

Cause of

Primary

Cerebral Softening

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

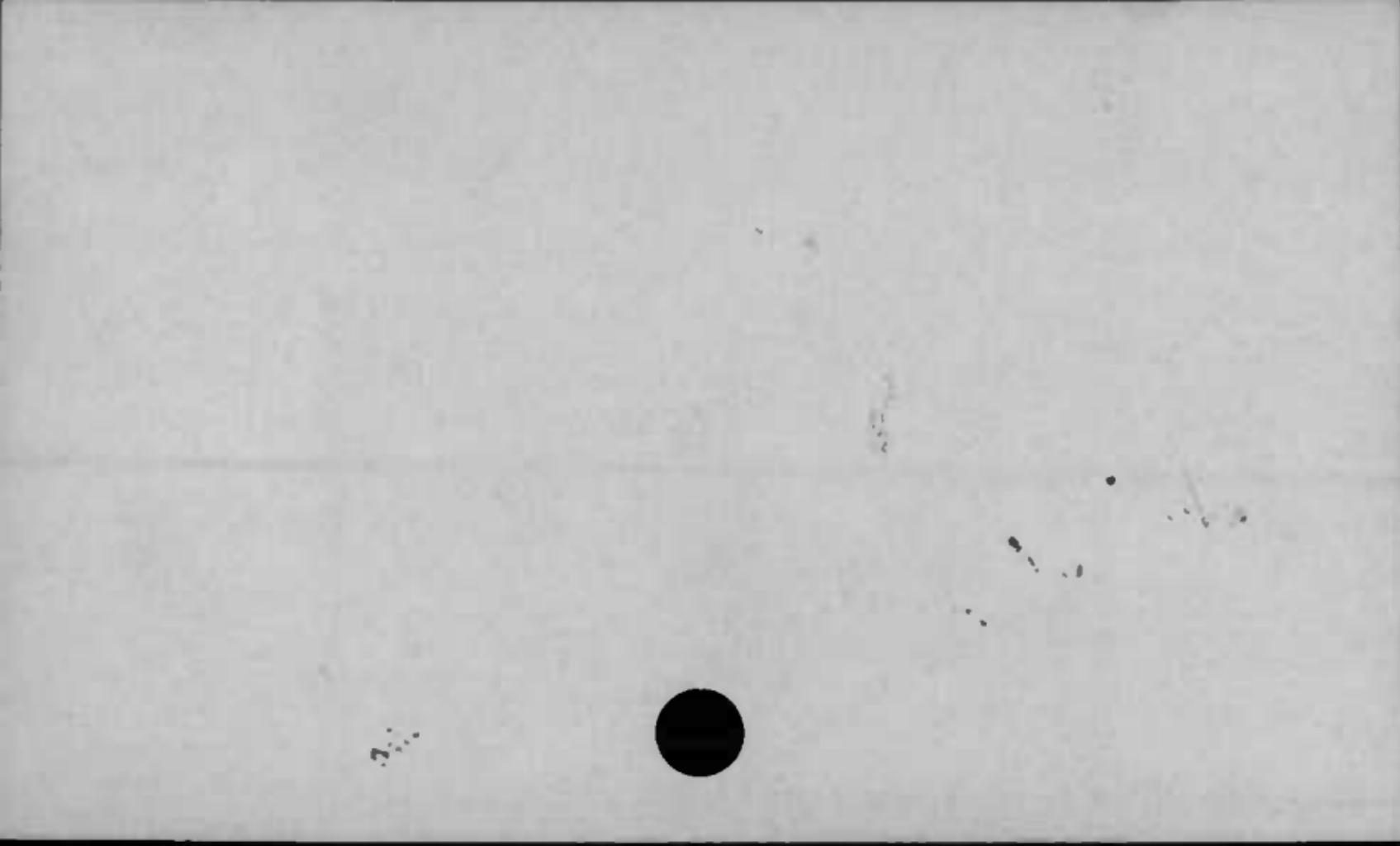
R. L. Hayes M.D.

Address

Crisle P.O. Md.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Thomas Fitzgerald

Town

Oriole

County

Somerset

MARYLAND

Died at

Date 19

02

Month

Day

Y.

M

D

Age

80

Native of

Md

Occupation

Sea Captain

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Mary Newman

Mother's

Wife

Maiden Name

Father's

Name

Cause of

Primary

How long sick

Death

Immediate

Instantaneous

Accident, Suicide, Homicide

Reported by

Akoflexay

R. L. Stark M.D.

Address

Oriole



LIBRARY BUREAU, 79698

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alfred Jones

Town

County

MARYLAND

Died at

Lanier

Somerset

Date 1957

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

—

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Nephritis

How long sick

Death

Immediate

Cirrhosis

Accident, Suicide, Homicide

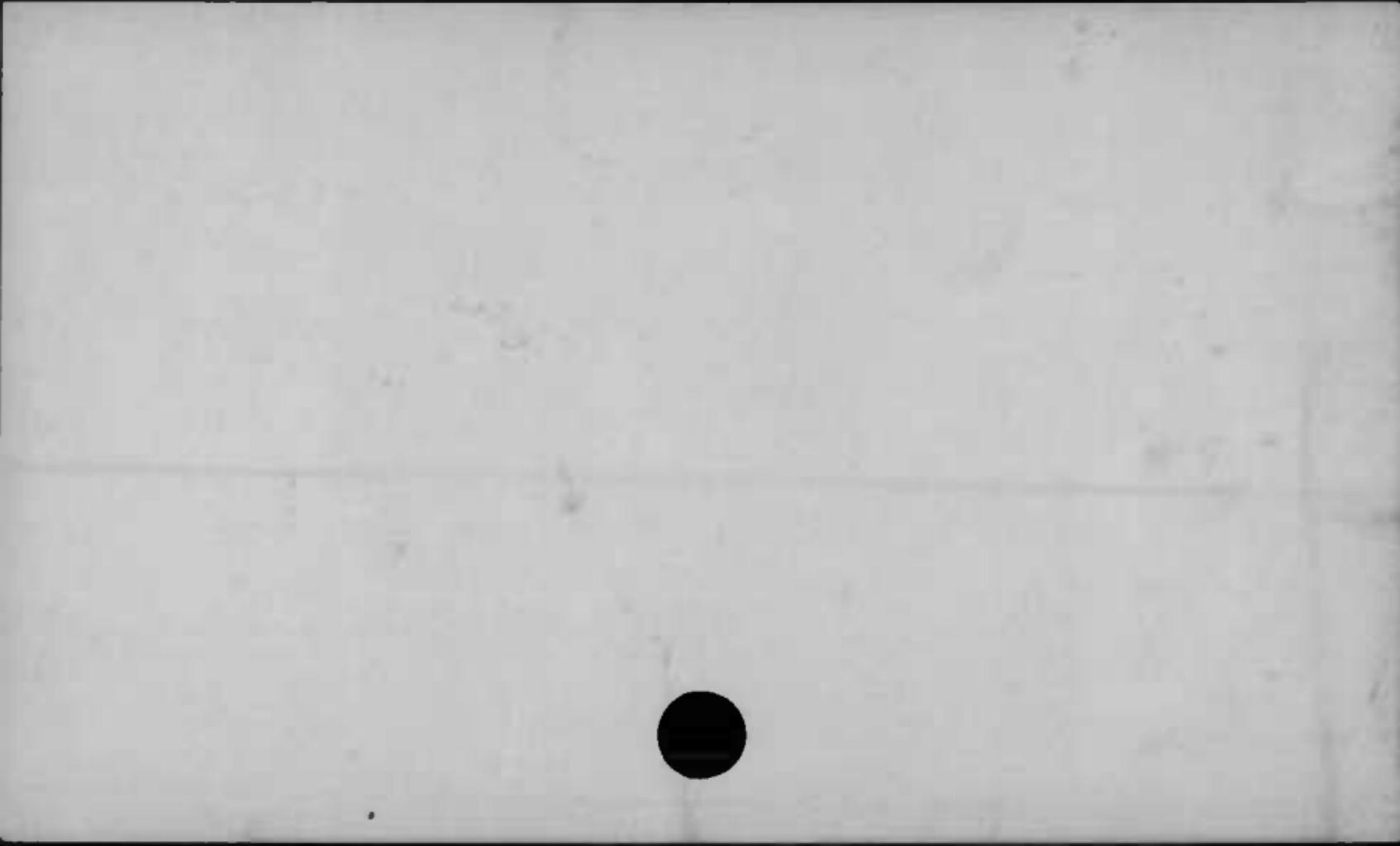
Reported by

Swindler, M.D.

Address

James Quarters

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Henry C Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death 190	Month 2	Day 31	Years 71
Age	Months 4	Days	
Sex	Male	Color or Race	White
Married, Single or Widowed	Widower	Occupation	none
Name of Wife or Husband	+		
Father's Name	+		Father's Birthplace
Mother's Maiden Name	+	60.	Mother's Birthplace
Name of person giving Information	Daughter		How related to deceased

CAUSES OF DEATH

Primary

Polyuria

How long

24 hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

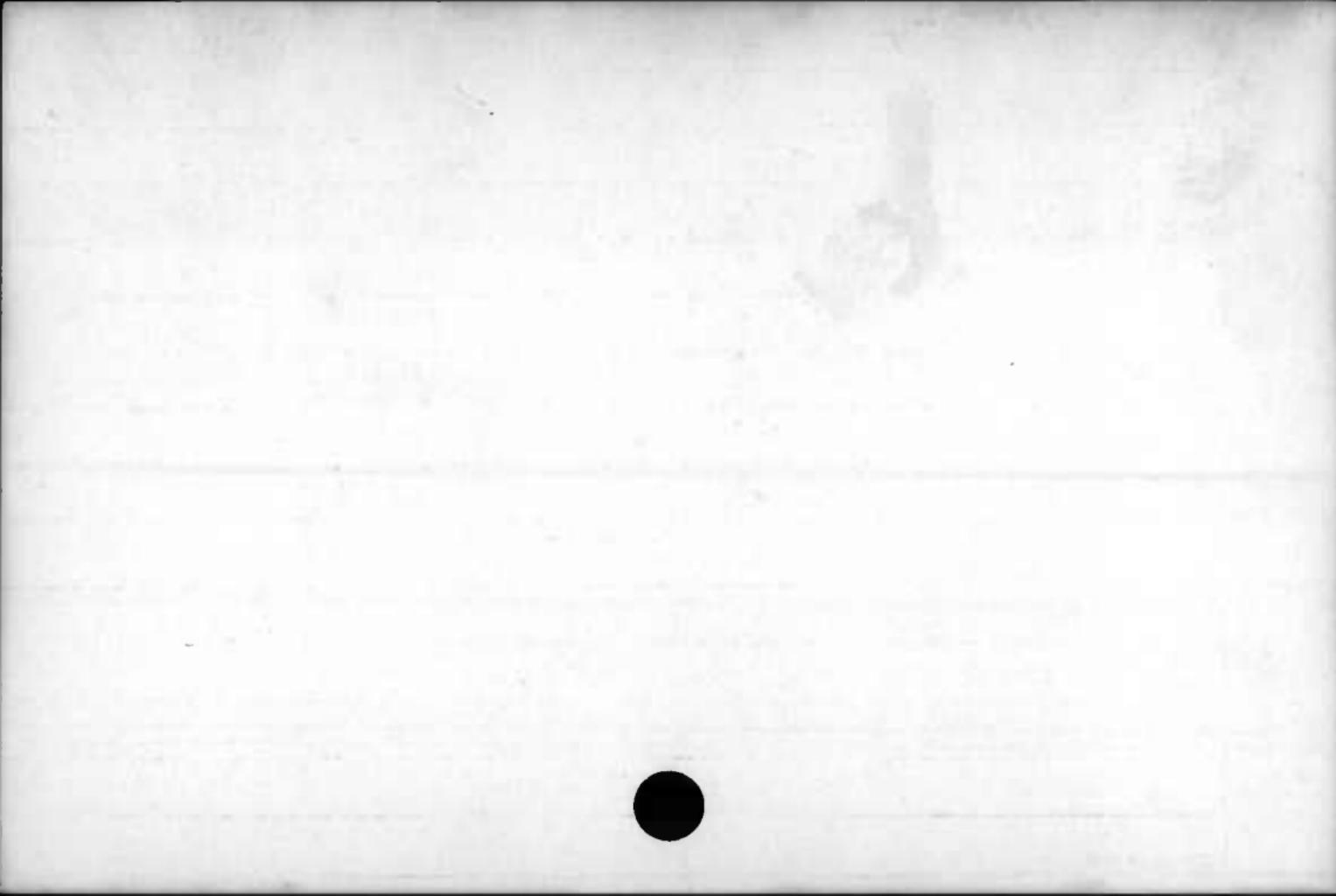
yes

Signature of  
Physician

Address

W. F. Haefl  
Griffield MD

Accident or Suicide?



Mrs Jennie King

Town

County

Died at

Princess Anne County

MARYLAND

Diad at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	Oct	30	Age 33	-	-	Pawee	Taboras
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> White		Married	Widow		Divorced	
<input type="checkbox"/> Female	<input type="checkbox"/> Colored		Singl	Widower		Number of children living	2

Husband of

Isaac King

Wife

Father's Name

Tomm Rollott

Mother's

Maiden Name

Harriett Rollott

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Wainsight

Address

Must be signed by physician, if any in attendance, otherwise, undertaker or minister.

X



Name  
in  
Full

Krugahen

Emmett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month Oct	Day 11	Years 15 - Months 3 Days 10
Sex Female	Color or Race white	Birth-place Krugahen	
Married, Single	Occupation	widow	
Name of Wife or Husband		Father's Birthplace	Maryland
Father's Name Charles Kelley		Mother's Birthplace	Maryland
Mother's Maiden Name Mary Bradley		How related to deceased	Mother
Name of person giving information	Mother Mary Kelley		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

meningitis

How long

4 days

Immediate

synder-

How long

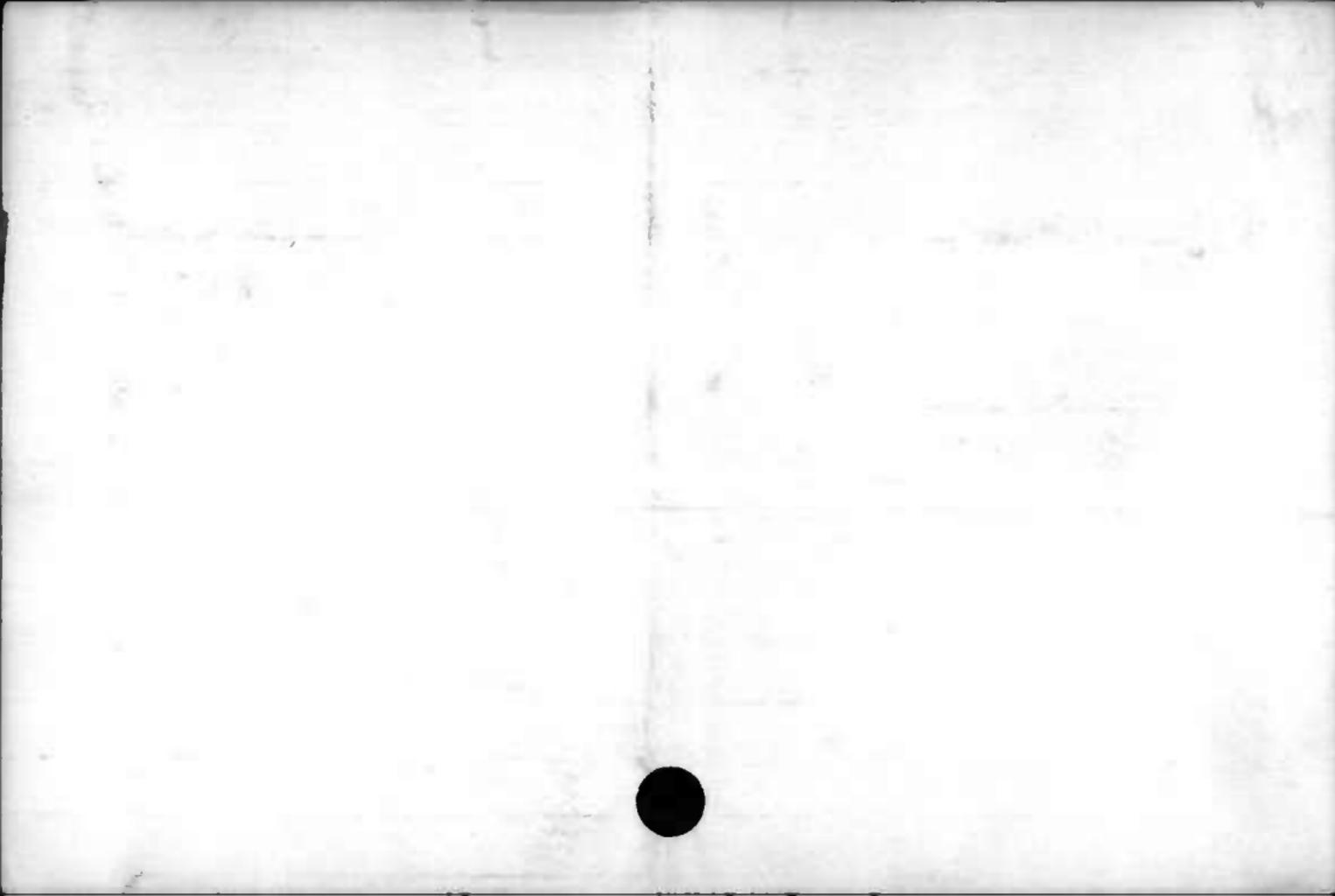
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dred Edwars  
Pocomoke City  
Maryland

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town <i>Crisfield</i>	County <i>Somerset</i>	MARYLAND		
Date of death 1902	Month <i>Oct</i>	Day <i>19</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Age <i>6</i>	Birth- place <i>Crisfield</i>		
Married, Single or Widowed		Occupation			
Name of Wife or Husband				Father's Name <i>Isaac W. Dawson</i>	Father's Birthplace <i>Crisfield</i>
Mother's Maiden Name				Mother's Name <i>Daisy Sterling</i>	Mother's Birthplace <i>11</i>
Name of person giving Information				How related to deceased <i>Uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
	How long

Immediate	How long
	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address

Accident or Suicide?
----------------------



Name  
in  
Full

Helen E. Marsh

CERTIFICATE OF DEATH

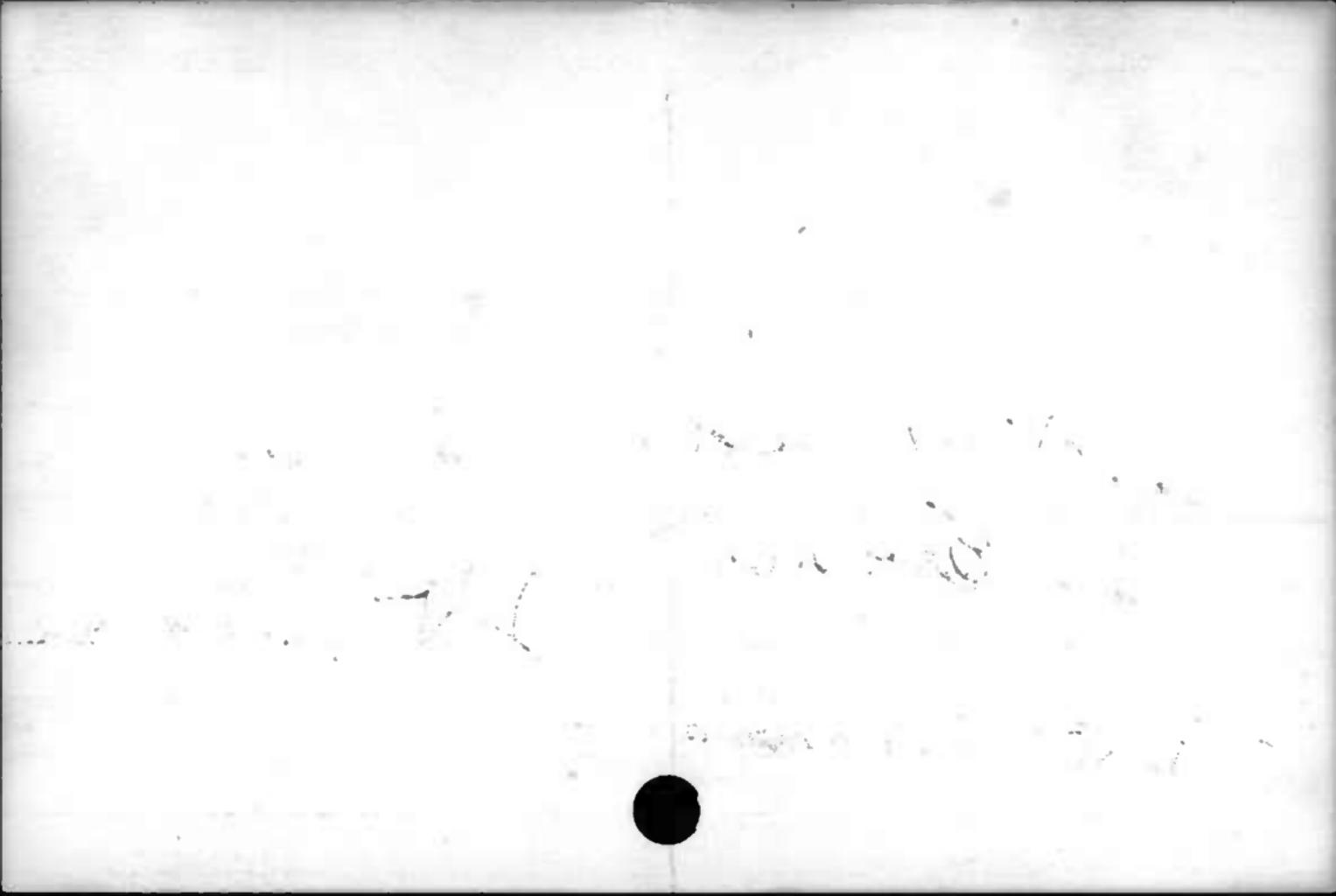
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Deals Island	Town	County	MARYLAND		
Date of death	1907 Oct	Month	Day	Years	Months	Days
Sex	female	Color or Race	white	Age	1	9
Married, Single or Widowed	Single	Occupation		-		
Name of Wife or Husband	-					
Father's Name	Chas. E. Marsh	Father's Birthplace		Somerset Co.		
Mother's Maiden Name	Laura E. Austin	Mother's Birthplace		Somerset Co.		
Name of person giving information	Chas. E. Marsh	How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum 105	How long	4 days
Immediate	exhausted	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. J. Windsor, M.D.
		Address	Dames Quarters, Md.
Accident or Suicide?			



Died at

Town

County

MARYLAND

Sarah Mason  
 Ausfield Somerset

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

10 28

Age

—

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

J. N. Mason

Mother's  
Maiden Name

J. N. Sterling

Cause of

Primary

Bronchitis - Pneumonia

How long sick

Death

Immediate

92.

~~Accident, Suicide, Homicide~~

Reported by

G. J. Lindstrom

Address

Ausfield • Mayland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



# Richard S. Parks

Died at	Town	County	MARYLAND
Date 189	Month	Day	
1902	OCT	18	
Age	Y. M. D.	Native of	Occupation
Male	20	ma	.
Female	Widow	Divorced	
	Colored	Widower	Number of children living
Husband of			
Wife			
Father's Name	John W. Parks	Mother's Name	Nettie Parks
Cause of Death	Primary Diarrhea	How long sick	1 week
Death	Immediate	105	Accident, Suicide, Homicide

Reported by

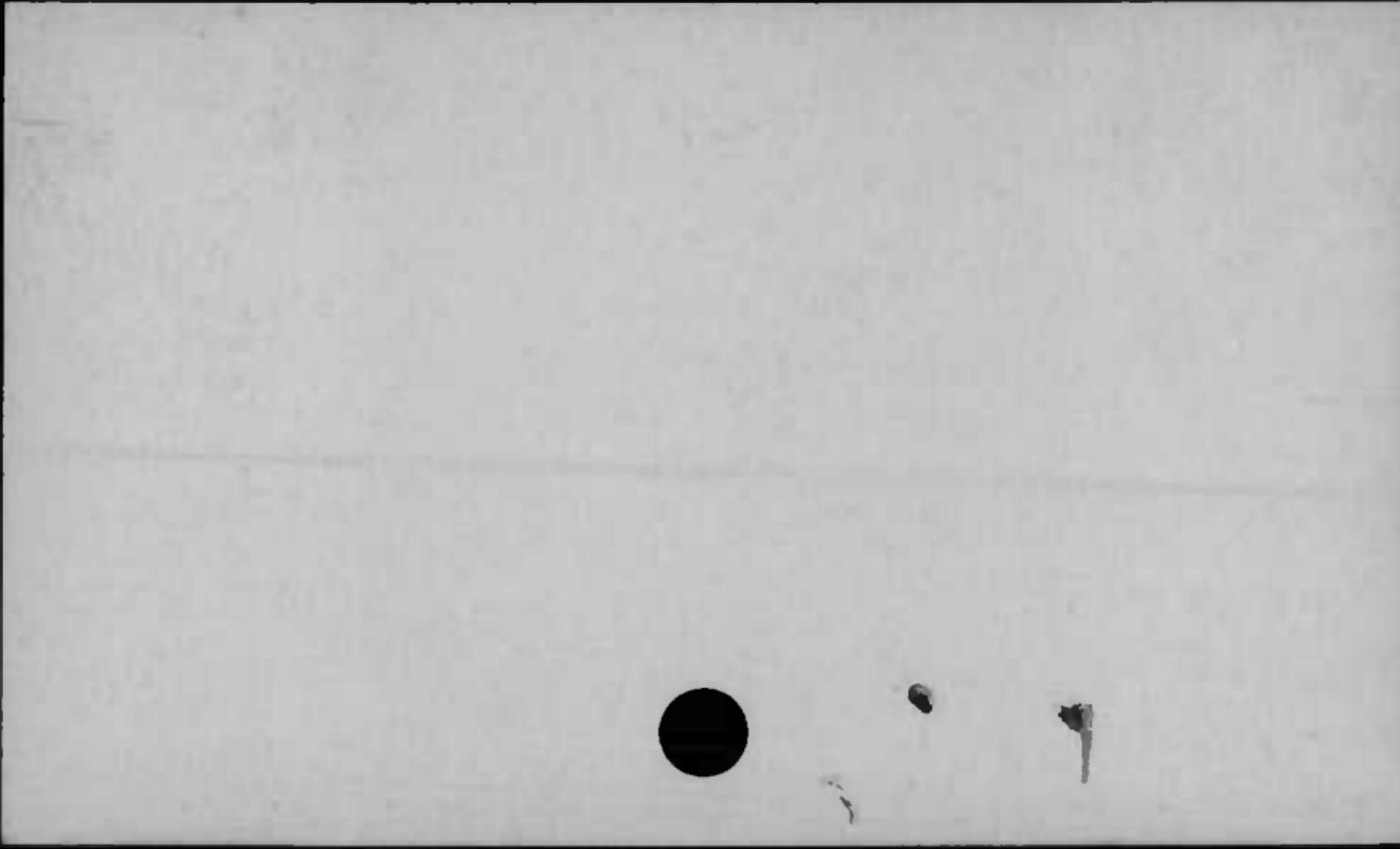
Wm W. Evans

Address

Deals Island Md

17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William A. Rallison

CERTIFICATE OF DEATH

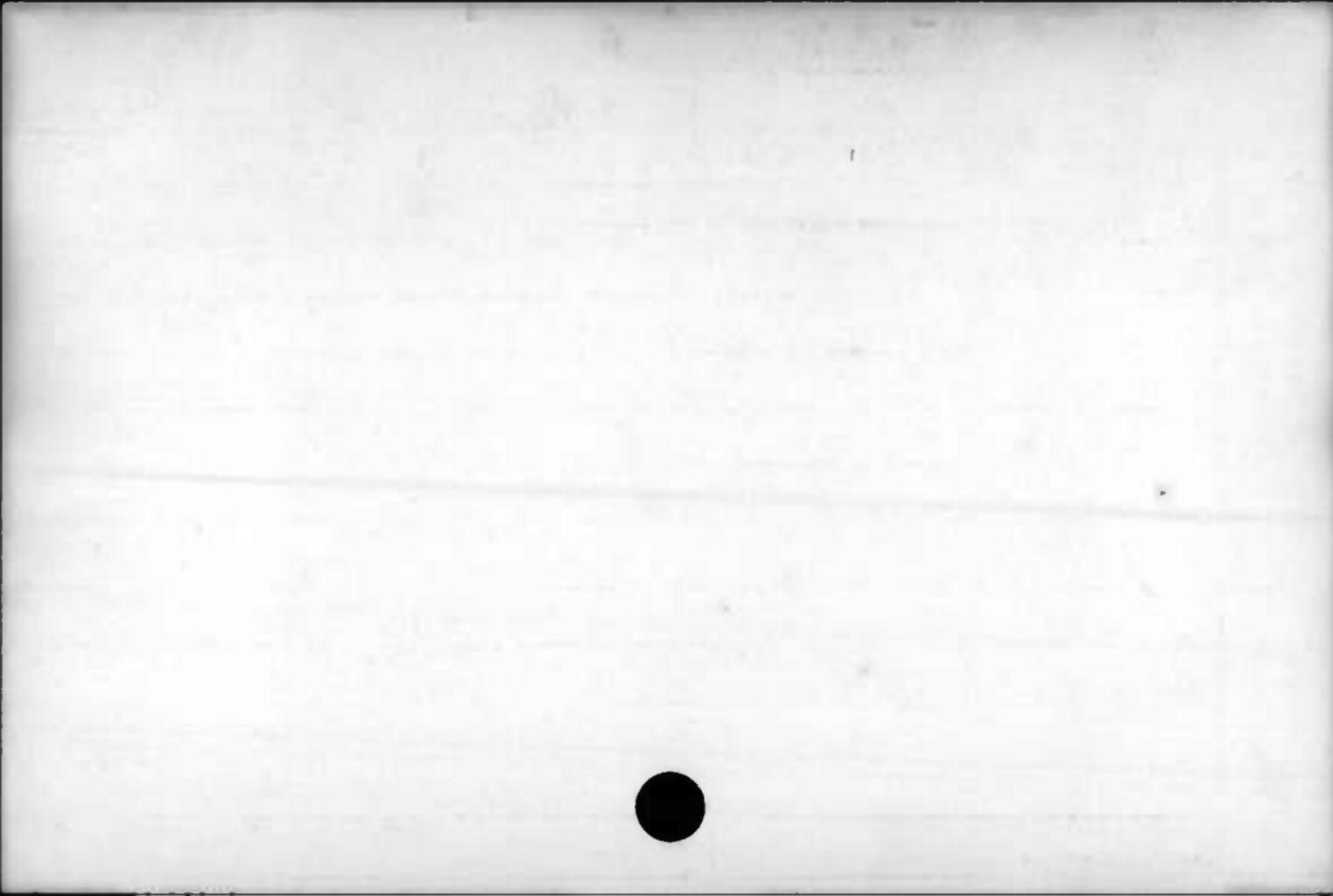
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County				
Date of death 1902		Month Oct.	Day 20.	Age 30	Years	Months X	Days X
Sex	Male -	Color or Race	white -		Birth-place	Colonia	
Married, Single or Widowed	Married		Occupation		Merchant -		
Name of Wife or Husband	Ruth A. Rallison -						
Father's Name	Reuel A. Rallison -		Father's Birthplace		Worcelle, Md		
Mother's Maiden Name	Sallie B. Whittington		Mother's Birthplace		Somerset Co., N.C.		
Name of person giving Information	Sallie R. Rallison -		How related to deceased		Mother -		

CAUSES OF DEATH

Primary	Rheumatic fever -	47	How long	10 days -
Immediate	Otremena -		How long	2 days -
Are the name, age, sex, color, date and place correctly given above?		ju -	Signature of Physician	W. C. Allin Jr.
			Address	Leutfield, Md - X
Accident or Suicide?				



Name in Full

Certificate of Death

Addie F. Pruitt

Town

Bedsworth

County

Somerset

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Oct. 9

Age 24

Md.

Occupation

Housewife

Date 1902

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Chas. F. Pruitt

Wife

Father's

Name

Edward Riggie

Mother's  
Maiden Name

Sarah Landon

Cause of

Primary

How long sick

12 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

Consumption 27

J. J. Lawson



Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1000



Name  
in  
Full

Sarah E. Pruitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Oct	Day 12	Age 62	Years 7	Months 12 Days
Sex Female	Color or Race White	Occupation Housewife	Birth-place Maryland		
Married, Single or Widowed Married	Robt. A. Pruitt				
Name of Wife or Husband	Robt. A. Pruitt		Father's Name	Paulard.	
Father's Birthplace	Pattie Lawrence		Mother's Name	Mary Am. Murrell	
Mother's Birthplace	Mary Am. Murrell		Name of person giving information	How related to deceased	
How long	2 1/2 yrs.		Robt. A. Pruitt	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fractured Brachitis	91	How long	2 1/2 yrs.
Immediate	Exsanguination		How long	48 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

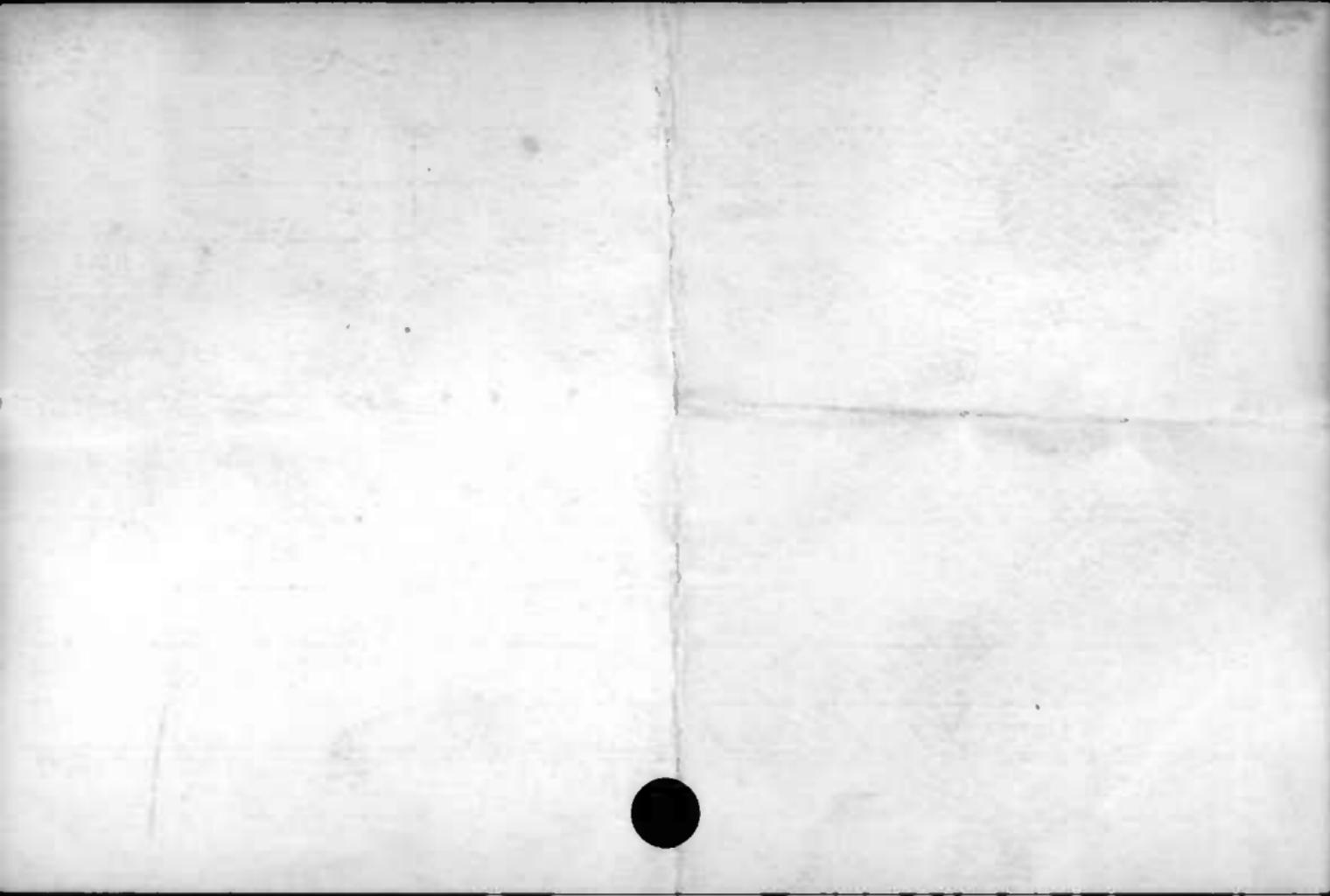
Signature of Physician

Address

J. W. L. Rose

Mt. Vernon, District  
Somerset County

Accident or Suicide?



Name  
in  
Full

Rev. Edward S. Subble

CERTIFICATE OF DEATH

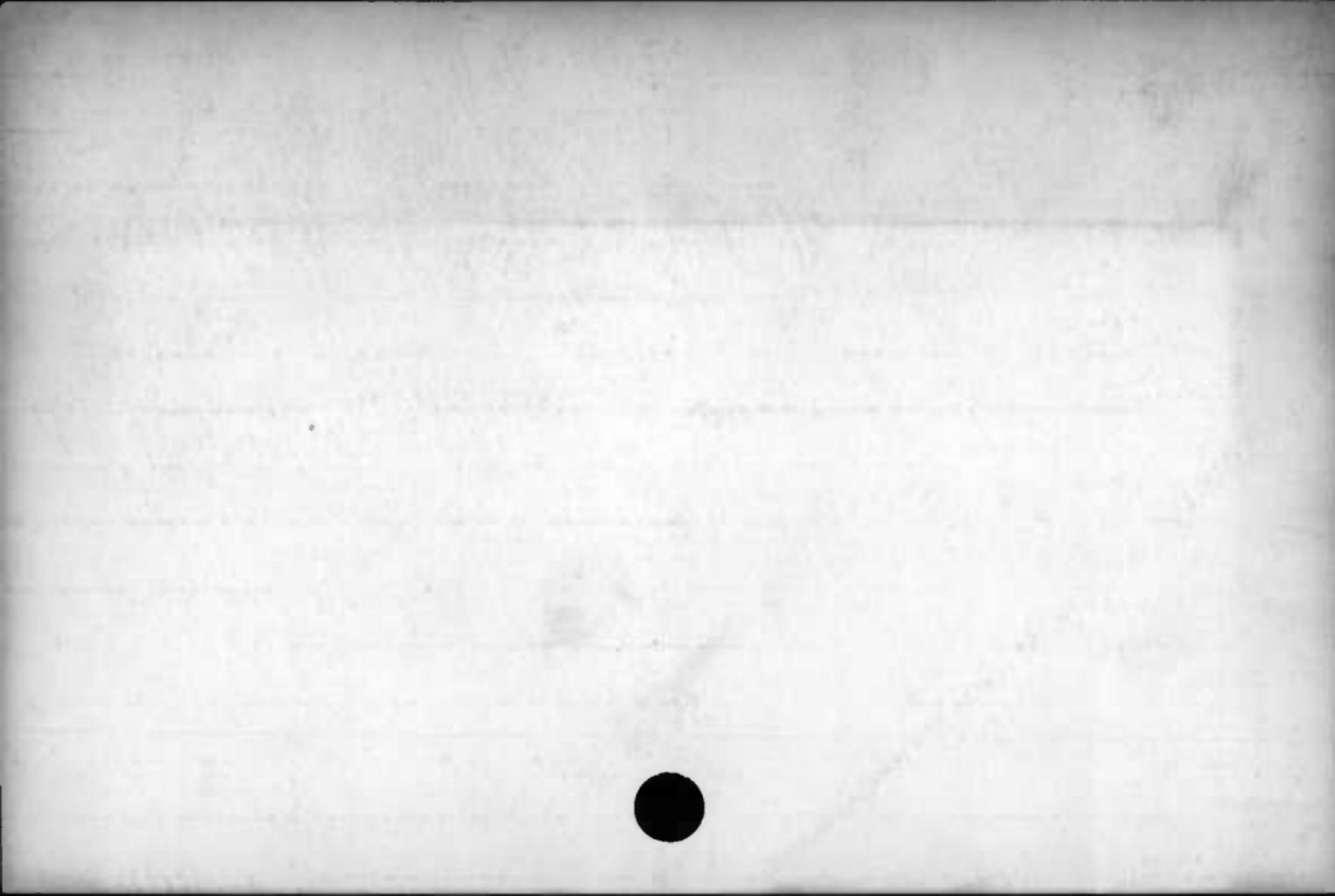
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month	Day	Years	Months	Days
Sex male-	Color or Race	white	Age 29.	—	—
Married, Single or Widowed	Mamed -	Occupation	Clergymen -		
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	(47) Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatic fever -	How long	41 days.
Immediate	Heart failure -	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. H. P. Allman
		Address	Apfield, Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Chas. W. Tawes.

Town

County

MARYLAND

Died at

Date 1902	Mont Oct	Day 13	Y. 5	M. 9	D. Widow	Native of Md.	Occupation
Male	White		Age Married			Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

105  
Mother's  
Maiden Name

How long sick

one day

Accident, Suicide, Homicide

Reported by

Address

J. L. Dawson  
Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at

Mt. Vernon

Somerset

MARYLAND

Date 19

02

Month Day

Oct 25

Y.

M.

D.

Native of

Dorchester Co

Occupation

Male

White

Age

1

4

1

Native of

Dorchester Co

Occupation

Female

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband  
of

Wife

Father's  
Name

George Albert Stoenow

Mother's  
Maiden Name

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Inflammation of Bronchus

30 days

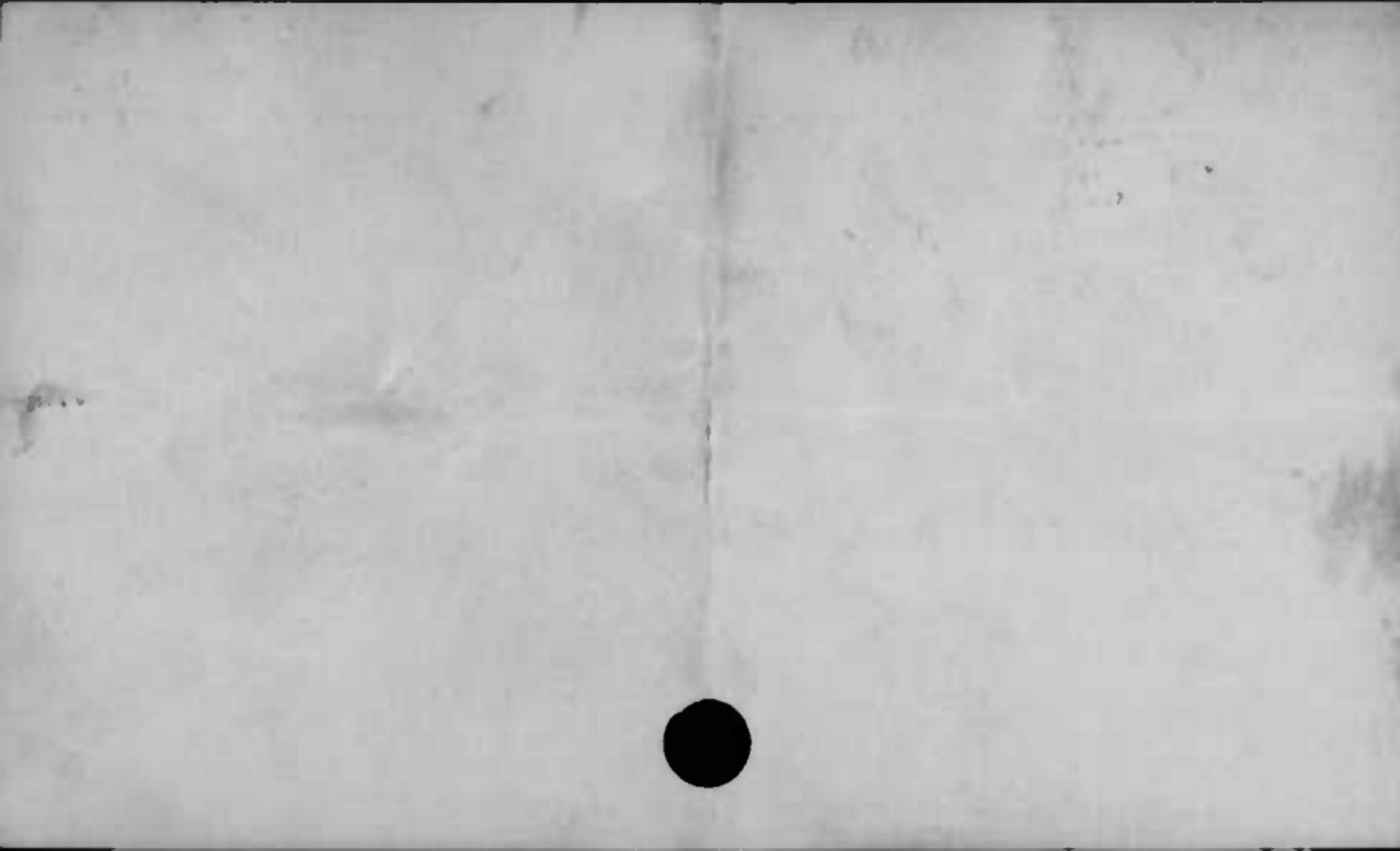
Accident, Suicide, Homicide

Reported by

A. and W. Jones Mr & Mrs  
Principal Owner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lizzie Tuel

Town

Baltimore

County

Baltimore

Died at

MARYLAND

Month Day

10 21

Y. M. D.

Y. M. D.

Native of

Maryland, wife

Date 1902

Male

White

Age 41

Married

Widow

Occupation

Wife

Female

Colored

Single

Widower

Number of children living

4

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James Tuel 131

John Drayton Mother's

Maiden Name

Lizzie Drayton -

How long sick

Don't know

Accident, Suicide, Homicide

Primary

Cystic growth liver

Immediate

Paritonitis.

Dr. Fred Adams  
Brookfield, Maryland



Name in Full

Certificate of Death

Mary A. Ward.

Died at	Town <u>Crisfield</u>	County <u>Somerset</u>	MARYLAND
Date 19	Month <u>Oct.</u>	Day <u>22</u>	Native of <u>Md.</u>
02	Y. <u>62</u>	M. <u>8</u>	Occupation <u>Housewife</u>
<u>Male</u>	Age <u>62</u>	D. <u>11</u>	<u>Divorced</u>
<u>Female</u>	White	Widow	Number of children living <u>7</u>
<u>Colored</u>	Married	Widower	
<u>Single</u>			

~~Husband~~ of

Wife

Father's

Name

Henry Ward.

Mother's

Maiden Name

65

Cause of

Primary

How long sick

17 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. S. Lawson

Crisfield, Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Mary E Webster*

Town

County

MARYLAND

Died at

*Ost 8*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*9-8*

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*S. Woodard, MD.*

Address

*Dale-Dexter [redacted] Somersett*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Wilson

Town

County

MARYLAND

Died at

Upper Fairmount Somerset

Date 1902

Month

Day

M. D.

Native of

Occupation

Oct 3<sup>rd</sup>

3

Fairmount

Farmer

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

4

Husband

of

Leah Wilson

Father's

Name

Edward Wilson

Mother's

Maiden Name

Miami Maddox

Cause of

Primary

Heart Disease

How long sick

about 6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Dickinson M.D.

Address



Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

